## **EXHIBIT C**

FORM B10 (Official Form 10) (10/05)

POHM BIO (Official Form 10) (10/05)		
Unifid States Bankruptcy Court	District of Nevada	PROOF OF CLAIM
Name of Dubtor USA Commercial Mortgage Company	Case Number 06-10725-LBR	THOOL OF SEALIN
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma		
Name of Creditor (The person or other entity to whom the debtor owes money or property) Robert W Ulm Trustee of the Robert W Ulm Living Trust dated 4/11/05	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars	
Name and address where notices should be sent Robert W Ulm -Trustee 414 Morning Glory Road St Marys GA 31558	Check box if you have never received an notices from the bankruptcy court in this case  Check box if the address differs from the	S
Telephone number 912-673-6020	address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor 3748	Check here  of this claim  Treplaces  amends a previously f	iled claim dated II 07 06
Goods sold Services performed  Money loaned Personal injury/wrongful death Taxes Other See Exhibit A	Retiree benefits as defined in Wages salaries and comper Last four digits of your SS # Unpaid compensation for se from	nsation (fill out below)
2. Date debt was incurred 02/02/04	3 If court judgment, date obtain	ed
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations  Unsecured Nonpriority Claim \$ 688,165  Check this box if a) there is no collateral or lien securing your by your claim exceeds the value of the property securing it or if c) is only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of we entitled to priority  Amount entitled to priority \$  Specify the priority of the claim  Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (a)(1)(B)  Wages salaries or commissions (up to \$10 000) * earned within days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier - 11 U S C \$ 507(a)(4)  Contributions to an employee benefit plan - 11 U S C \$ 507(a)  Total Amount of Claim at Time Case Filed	Secured Claim  Check this box if your claim a right of setoff)  Brief Description of Collate  Real Estate Moto  Value of Collateral \$ U  Amount of arrearage and other chescured claim if any \$ 12,44  Up to \$2 225* of deposits toward por services for personal family or less 507(a)(7)  Taxes or penalties owed to government or services for personal family or less 507(a)(7)  Taxes or penalties owed to government or services for personal family or less 507(a)(7)  Another Specify applicable paragraphy are subject to adjustment on services.	eral or Vehicle Other——— Unknown  targes at time case filed included in 7  ourchase lease or rental of property household use ~ 11 U S C  thental units - 11 U S C § 507(a)(8) oh of 11 U S C § 507(a)()  4/1/07 and every 3 years thereafter
Check this box if claim includes interest or other charges in add interest or additional charges	(unsequed) (secured)	(priority) (Total)
6 Credits The amount of all payments on this claim has been making this proof of claim	credited and deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting docume orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien DO NOT SENI documents are not available, explain If the documents are volunts are not available, explain If the documents are volunts are not available.	cts court judgments, mortgages, security D ORIGINAL DOCUMENTS If the minous, attach a summary	ILED JAN 11 2007
Date Sign and print the name and title if any, of the		
01/08/06 file this claim (artach copy of power of attor	neglif any)  Whatee	USA CMC

UNITED STATES EANKRURICY COURT() DISTRICT OF NEVADA		OF OF CLAIM:	to:32 Pag	le 3 of 11
Name of Debtor	Case Nu			
USA COMMECCIAL MURTGAGEL	06-	10725 LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative arising after the commencement of the case. A "request" for payment to 11 LLS C. 8 503		Check box if you are aware that anyone else has filed a proof of claim relating		
administrative expense may be filed pursuant to 11 U S C § 503  Name of Creditor and Address		to your claim Attach copy of statement giving particulars		
S & P DAVIS LIMITED PARTNERSHIP A TEXAS PARTNERSHIP PO BOX 5718  6 8 16 CITRIA	ve De	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	3	IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS
CPRLSBAD, CA		Check box if this address differs from the address on the envelope sent to you by the court.	Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (3/7) 3/2 - 5 350 (ce Last four digits of account or other number by which creditor identi				E IS FOR COOK! OSE ONL!
6124		Check here replace or f this claim amen	a previously	r filed claim dated
1 BASIS FOR CLAIM  Goods sold  Personal mury/wrongful death	Retiree l	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Services performed Taxes	البييا	salaries, and compensation (ir digits of your SS #	fill out below)	Other claims against servicer (not for loan balances)
☐ Money loaned Other (describe briefly)  NECLIFENCE → FRA	Unpaid o	compensation for services per	rformed from	to (date) (date)
2 DATE DEBT WAS INCURRED 1-1-05 +0 4-13-0		OURT JUDGMENT, DATE O		Sa Area Clarit
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxe See reverse side for important explanations	es inai dest descr	-	unt of the claim at t	me ume case nied
UNSECURED NONPRIORITY CLAIM \$ 4/9, 98/		SECURED CLAIM  Cleck this box if you	out claim is seem	red by collateral (including
Check this box if a) there is no collateral or lien securing your claim exceeds the value of the property securing it or if c) none or only part entitled to priority		a right of setoff)  Brief description of		ou or condition (modeling
UNSECURED PRIORITY CLAIM		Real Estate	-	e 🔲 Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	\$	
Amount entitled to priority \$				at time case filed included in
Specify the priority of the claim  Comparing support obligations under 11 U.S.C. \$ 507/6V(1)(A) or (a)(d)	\(B\) -	secured claim if any		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)  Wages salanes or commissions (up to \$10 000)* earned within 180 before filing of the bankruptcy petition or cessation of the debtor's	··· —	Up to \$2 225° of deposits towa services for personal family o Taxes or penalties owed to go	r household use -1	1 U S C § 507(a)(7)
business whichever is earlier - 11 U S C § 507(a)(4)		Other - Specify applicable para		
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		* Amounts are subject to adjust with respect to cases commen	stment on 4/1/07 an	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ 4/9 6 AT TIME CASE FILED (unsecured)	, <b>\$</b> (:	\$ secured)	( pnonty)	\$ 41_7 957 (Total)
Check this box if claim includes interest or other charges in addition	n to the principal	amount of the claim Attach iter	mized statement o	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting</u> running accounts, contracts, court judgments, mortgages, secun DOCUMENTS If the documents are not available, explain. If	<u>documents,</u> su unity agreement	uch as promissory notes, purd is and evidence of perfection	chase orders, inv	roices, itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment proof of claim				d envelope and copy of this
The original of this completed proof of claim form must be ACCEPTED) so that it is actually received on or before 5 0 for each person or entity (including individuals, partnershing overnmental units)	0 pm, prevailir ips, corporatio	ng Pacific time, on Novembers, joint ventures, trusts ar	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo, CA 90245-0911	BMC Gro Attn USA 1330 Eas	OR OVERNIGHT DELIVERY TO up ACM Claims Docketing Cente it Franklin Avenue do, CA 90245		FILED DEC 0 4 2006
DATE SIGN and print the name and title if any this claim (attach copy of power of	of the creditor of	··············		USA CMC
Rose C. Leto,	me, Es	<u> </u>		1072501419

Case 06-10725-gw	/Z D0C 8061-3		COE CLAIM	26:32 Page	4 01 11
		PROO	F OF CLAIM		
Karangan dan kecamatan dan Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kab	Ca	Case Number			
Name of Debtor		06-10725-LBR			
USA Commercial Mortgage Compar	ין עי	JO- 10 / 23			
NOTE See Reverse for List of Debtors and Case	Numbers n administrative expen	se 🗀	Check box if you are		
This form should not be used to make a claim for a arising after the commencement of the case. A "re	duest for paymon and	an aw	are that anyone else has d a proof of claim relating	IF YOU ARE ONLY O	WED MONEY BY A BORROWER
arising after the commencement of the administrative expense may be filed pursuant to 11	USC § 503	to v	vour claim Attach copy of	SESTABLE VALUES A	ING SERVICED BY THE VOT HAVE TO FILE A PROOF
Name of Creditor and Address		sta	tement giving particulars	AF ALLE THE INC	LUDES MONEY FROM THAT N THE COLLECTION ACCOUNT
	11321242034357	o. 🔲	Check box if you have ver received any notices		
CARRIERE, RUTH WF	rong vann	ne fro	m the bankruptcy court or	DO NOT FILE THIS P	PROOF OF CLAIM FOR A T IN A BORROWER THAT IS NOT
HENDERSON NV 89074		BN	MC Group in this case	ONE OF THE DEBTO	ORS
2 DAVID & Joan Sailo	n		Check box if this address from the address on the	If you have alread	v filed a proof of claim with the
Convince Scar, Julie	• •	er	nvelope sent to you by the	Bankruptcy Court or I	BMC, you do not need to file again S FOR COURT USE ONLY
Creditor Telephone Number ( )			ourt	THIS SPACE I	S FOR COOK! OUL ONE!
Last four digits of account or other number by white	ch creditor identifies de	ebtor	Check here repla	a DIEVIDUSIV III	ed claim dated
Last loar digits of sales			if this claim amei		
	П	Petiree her	nefits as defined in 11 U S	C § 1114(a)	Unremitted principal
1 BASIS FOR CLAIM			aries, and compensation		Other claims against servicer
		wages, sai	gits of your SS#		(not for loan balances)
	e briefly)	Unnaid cor	npensation for services po	erformed from	to
Money loaned Other (describe					(date) (date)
2 DATE DEBT WAS INCURRED		3 IF COL	JRT JUDGMENT, DATE	OBTAINED	
2 DATE DEBT WAS INCURRED 4 CLASSIFICATION OF CLAIM Check the appr	ropriate box or boxes that	best describe	your claim and state the am	ount of the claim at the	time case filed
See reverse side for important explanations			SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$	ar h)	our claim		your claim is secure	d by collateral (including
Check this box if a) there is no collateral or lien si exceeds the value of the property securing it or if	c) none or only part of you	ur claim is	a right of setoff)	e . Notanal	
entitled to priority			Brief description		Other
UNSECURED PRIORITY CLAIM	II or part of which is		Real Estate		C Other
Check this box if you have an unsecured claim a entitled to priority	i or part of which to		Value of Collatera		
Amount entitled to priority \$			Amount of arrearage	and other charges	at time case filed included in
Specify the priority of the claim			secured claim, if any		
Domestic support obligations under 11 U S C § 5	507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits to services for personal family	ward purchase lease	or rental of property or U.S.C. § 507(a)(7)
1 (up to \$10,000)	* earned within 180 days		Taxes or penalties owed to	governmental units - 1	1 U S C § 507(a)(8)
before filing of the bankruptcy petition or cessatic business whichever is earlier 11 U S C § 5076	MI OI IIIE GEDIOI 9	님	Other - Specify applicable p	aragraph of 11 USC	§ 507(a) ( )
Contributions to an employee benefit plan - 11 U		L	+ Amounta are subject to ac	luistment on 4/1/07 and	d every 3 years thereatter
Contributions to an employee benefit plant			with respect to cases comm	nenced on or after the c	date of adjustment
5 TOTAL AMOUNT OF CLAIM \$	\$		\$		ゆ(Total)
AT TIME CASE FILED	(unsecured)	(se	ecured)	( priority)	` ·
Check this box if claim includes interest or other	er charges in addition to the	he principal a	amount of the claim Attach	itemized statement of	all filterest of additional charges
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6 CREDITS The amount of all payments on to SUPPORTING DOCUMENTS Attach oc	ppies of supporting doc	<u>uments,</u> su	ch as promissory notes p	ourchase orders, invo	oices, itemized statements of T.SEND ORIGINAL
running accounts, contracts, court judgment	s, mongages, security	de aumonto	ere voluminous attach a	summarv	
DOCUMENTS If the documents are not av 8 DATE-STAMPED COPY To receive ar	allable explain in the	ne filing of y	our claim, enclose a stam	ped, self-addressed	envelope and copy of this
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	laım form must be sei	nt by mail c	or hand delivered (FAXE	S NOT	THIS SPACE FOR COURT USE ONLY
The original of this completed proof of Cl ACCEPTED) so that it is actually received for each person or entity (including indiv	d on or before 5 00 pr	m, prevailin corporatio	ig racific time, on Novel ns. joint ventures, trust:	s and	
for each person or entity (including indiv	iuuais, partiieisiiips,	DV 114115	OR OVERNIGHT DELIVERY	, to	Filed Date 9/27/2006
governmental units) BY MAIL TO BMC Group		BMC Gro	up		a/27/2006
Attn USACM Claims Docketing Center		Attn USA	ACM Claims Docketing Ce at Franklin Avenue	en nær	110.11
P O Box 911 El Segundo, CA 90245-0911		El Segun	do, CA 90245		
CICN and print the	name and title if any of	the creditor o	or other person authorized to	file	USA CNO
this claim (a	ttach copy of power of atto	оппеу, п апу)			1072500275
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Case 06-10725-	owz Doc 8061-3	3 Fni	tered 05/14/10 16:2	6:32 Page	5 of 11
UNITED STATES BANKRUPT DISTRICT OF NEVAL	CY COURT	PROOF OF CLAIM		oroz r ago	30011
Name of Debtor		Case Number			
USA Commercial Mortgage Com	nany	06-10725-LBR			
John Commercial mortgage Com	·puiiy				
NOTE See Reverse for List of Debtors and C This form should not be used to make a claim arising after the commencement of the case administrative expense may be filed pursuant	for an administrative expe A "request" for payment of	ense f an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of		OWED MONEY BY A BORROWER SEING SERVICED BY THE
Name of Creditor and Address 11321242038610		statement giving particulars  Check box if you have	OF CLAIM THIS!	O <u>NOT</u> HAVE TO FILE A PROOF NCLUDES MONEY FROM THAT D IN THE COLLECTION ACCOUNT	
SEXTON DAVID 21929 N 79TH PLACE SCOTTSDALE AZ 85255		į	never received any notices from the bankruptcy court or BMC Group in this case		S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT TORS
and the Coo	- 1851		Check box if this address differs from the address on the envelope sent to you by the court	Bankruptcy Court of	ady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (4%) > 39  Last four digits of account or other number by		ehtor			IS FOR COURT OSL CITE
4856	William Gradier Identifies de	ODIO	Check here replace or if this claim amer	a previously	filed claim dated
1 BASIS FOR CLAIM		Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
		-	salaries and compensation (	fill out below)	Other claims against servicer (not for loan balances)
Services performed Taxes  Money loaned Other (desc			digits of your SS #		(not for loan baseneou)
DIRAN LONDS - LOAD S	* *		compensation for services pe	normed from	to (date) (date)
2 DATE DEBT WAS INCURRED PRE-PE	TITION + POST 5-0	3\IF C	OURT JUDGMENT, DATE C	BTAINED	(date)
4 CLASSIFICATION OF CLAIM Check the a		best descri	be your claim and state the amo	unt of the claim at th	e time case filed
See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM \$	A 04327+		SECURED CLAIM		
Check this box if a) there is no collateral or liei exceeds the value of the property securing it of	n securing your claim or b) v	り しんだん	Check this box if you	our claim is secure	ed by collateral (including
exceeds the value of the property securing it of entitled to priority	r if c) none or only part of you	ır claım ıs	-		
UNSECURED PRIORITY CLAIM			Brief description of	-	
Check this box if you have an unsecured claim	all or part of which is		Real Estate	<del></del>	Other
entitled to priority			Value of Collateral	·	
Amount entitled to priority \$			Amount of arrearage as secured claim if any		at time case filed included in
Specify the pnority of the claim  Domestic support obligations under 11 U S C	8 507(a)(1)(A) or (a)(1)(B)	_			
Wages salaries or commissions (up to \$10.00		L	Up to \$2 225* of deposits towa services for personal family of	ard purchase lease or household use 11	USC § 507(a)(7)
before filing of the bankruptcy petition or cessa business whichever is earlier - 11 U S C § 50	tion of the debtors		Taxes or penalties owed to go	vernmental units 1	1 U S C § 507(a)(8)
Contributions to an employee benefit plan - 11			Other Specify applicable part	• .	•
Continuations to all employee beliefit plans 11	0 0 0 g 307(a)(0)		* Amounts are subject to adjust with respect to cases commer		
5 TOTAL AMOUNT OF CLAIM \$	\$		\$		\$ 58,0432+
AT TIME CASE FILED	(unsecured)	(8	ecured)	( pnonty)	(Total)
Check this box if claim includes interest or oth	ner charges in addition to the	e principal	amount of the claim Attach ite	mized statement of	all interest or additional charges
6 CREDITS The amount of all payments on					
7 SUPPORTING DOCUMENTS Attach or running accounts, contracts court judgmer DOCUMENTS If the documents are not a	nts mortgages security ag	greement	s, and evidence of perfection	of lien DO NOT	orces, itemized statements of SEND ORIGINAL
8 DATE-STAMPED COPY To receive a proof of claim	•			•	envelope and copy of this
The original of this completed proof of a ACCEPTED) so that it is actually receive for each person or entity (including indigovernmental units)	ed on or before 5 00 pm, viduals, partnerships, co	prevailin orporatio	ng Pacific time, on Novemb ns, joint ventures, trusts at	er 13, 2006	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911	E A	BMC Gro Attn USA 1330 Eas	CM Claims Docketing Cente	r F	ED DEC 0 8 2006
				· K.SEXTON	
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Penalty for presenting fraudulent claim is a fine of up	V Sylon -	+ lon	de L. Jy In	152 AND 2571	USA CMC
r origing for processing naudulent claim is a life of up	, to your our or imprisoriment	iciorupio:	o years or bottle to to to to \$8	TOC MIND 30/7	1072501644

## FORM B10 (Official Form 10) (10/05)

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UNITED STATES	BANKRUPICY COURT	Dı	STRICI	ा <u>Nevada</u>	PROOF OF CLAIM
Name of Debtor	JSA Commercial Mortgage Company	Case	Number	06-10725-LBR	PROOF OF CLANVI
NOTE This form st of the case A requ	hould not be used to make a claim for an admini ucst for payment of an administrative expense ma	strative ex ay be filed	pense aris pursuant	ing after the commencer to 11 USC § 503	nent
debtor owes money Alan R	The person or other entity to whom the or property) Simmons & Judith B Simmons husband as joint tenants with right of survivorship	elso you	e has filed ir claim / ing partici		g to t
ALAN F PO BO	where notices should be sent R SIMMONS & JUDITH B SIMMONS X 13296 I LAKE TAHOE CA 96151-3296	not cas	ices from e	you have never received the bankruptcy court in the address differs from	this
Telephone number	ecount or other number by which creditor	ado the	ress on th court	e envelope sent to you b	
identifies debtor			ck here us claim	replaces amends a previous	y filed claim dated
✓ Money I Personal Taxes	old performed		☐ W La Ui		services performed
Other —  2 Date debt wa		3	If cour	rt judgment, date obta	· · · · · · · · · · · · · · · · · · ·
Unsecured Nonpr  Check this boy b) your claim exceed only part of your cla  Unsecured Priority  Check this box entitled to priority  Amount entitled to priority  Amount entitled to priority  Domestic support (a)(1)(B)  Wages salaries days before filing of the business whichever in	tf you have an unsecured claim all or part of worthouth	hich is	Amour secured Up to \$2 or service \$ 507(a)( Taxes or pounts are	check this box if your classified description of Collaboration of Collabor	aim is secured by collateral (including lateral of the Other Unknown charges at time case filed included in
	of Claim at Time Case Filed		593,14		593,144 11
	f claim includes interest or other charges in additional charges	tion to the	(unsecured principal	d) (secured) I amount of the claim A	
7 Supporting Doc orders invoices it agreements and e documents are not Date Stamped C	amount of all payments on this claim has been of claim  comments Attach copies of supporting documents and emized statements of running accounts contract vidence of perfection of lien DO NOT SEND available explain If the documents are volumed to the filling of the support of this proof of claim.  Sign and print the name and title if any of the fille this claim (attach copy of power of attorn	nts such a ets court J ORIGIN inous attaing of your	s promiss udgments AL DOC ech a sum claim en	sory notes purchase mortgages security CUMENTS If the mary nclose a stamped self-	THIS SLACE IS FOR COURT USE ONLY  JAIN 12 2007
	Alan Simmon	Alan	R Sımr	mons	USA CMC

UNITED STATES	BANKRUPTCY COURT		Distric	T OF	Nev	vada	
	SA Commercial Mortgage Company						PROOF OF CLAIM
	on commercial mortgage company		.aac iyuid	°° 06	-107	25-LBR	
	nould not be used to make a claim for an adminis						
of the case. A requ	est for payment of an administrative expense ina	ay be fi	iled pursu	ant to	H U	S C § 503	
	he person or other entity to whom the					aware that anyone of claim relating to	
	or property) mon & Carol Simon Trustees of the		your clas	m Atta	ach co	opy of statement	
Simon	Family Trust 2000		giving pa			e never received any	, [
Name and address v Alan Simon & Ca	where notices should be sent arol Simon ttees		notices f			cruptcy court in this	
1800 Waldman	Ave		case Check be	x if the	addr	ess differs from the	
Las Vegas NV 8 Tek phone number		1	address of		nvelo	pe sent to you by	THIS SPACE IS FOR COURT USE ONLY
	count or other number by which creditor	<del> </del>	Check he	-	repla		
identifies debtor			ıf thıs cla	ım	ame	nds a previously fi	led claim dated
1 Basis for Cla	nin)						11 U S C § 1114(a)
Goods so	old performed					laries and compen digits of your SS #	sation (fill out below)
✓ Money I	oaned					ompensation for se	
·	injury/wrongful death			from		(	
Z Other	see exhibit A					(date)	(date)
2 Date debt wa	April, 2002		3. If	court j	udgr	ment, date obtaine	d
4 Classification of	f Claim Check the appropriate box or boxes th	at best	describe	Your c	laım	and state the amour	t of the claim at the time case filed
See reverse side	for important explanations		***	ecured			THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O
] <del></del> -	riority Claim \$ 101,433 34			Ch	eck th	us box if your claim	is secured by collateral (including
b) your claim excee	ox if a) there is no collateral or lien securing you add the value of the property securing it or if c) laim is entitled to priority	ir clain none o	n, or a	right of	f seto	eff)	
only part of your cl	larm is entitled to priority			_		escription of Collate	en-rin
Unsecured Priorit	•					Estate Motor	
Check this box entitled to priority	x if you have an unsecured claim all or part of v	which i					arges at time case filed included in
Amount entitled to	priority \$					of any \$ 1,433	
Specify the priority of		:					urchase, lease or rental of property
Domestic suppo	ort obligations under 11 USC § 507(a)(1)(A) o	or	ors		for p		ousehold use - 11 USC
(a)(1)(b)			☐ Tax			es owed to governm	ental units 11 USC § 507(a)(8)
Wages salaries, days before filing of	or commissions (up to \$10 000),* earned within the bankruptcy petition or cessation of the debt is earlier - 11 U S C § 507(a)(4)	n 180 tor's				-	h of 11 USC § 507(a)()
							////07 and every 3 years thereafter
	to an employee benefit plan - 11 USC § 507(a	a)(5)					or after the date of adjustment
_	nt of Claim at Time Case Filed		(un	1,433 secured)		101,433 34 (secured)	(priority) (Total)
Check this box interest or addit	of claim includes interest or other charges in additional charges	dition				nt of the claim Att	
6 Credits The	e amount of all payments on this claim has been	ı credii	ted and d	educte	d for	the purpose of	THIS SPACE IS FOR COURT USE ONLY
making this proo			unb -				
7 Supporting Do orders invoices	ocuments. Attach copies of supporting docum itemized statements of running accounts contri	i <i>ents</i> s acts c	uch as pi ourt mde	omisso ments	norte morte	otes, purchase gages, security	. A 2N
agreements and	evidence of perfection of hen DO NOT SEN	ND OR	IGINAL	DOCL	JME	NTS If the	RE" U JAN 10 20
	ot available, explain If the documents are volu						1 June 19 mars
8 Date-Stamped addressed envelo	Copy To receive an acknowledgment of the fi ope and copy of this proof of claim	iiing of	your cla	ım, enc	close	a stamped self-	
Date	Sign and print the name and title, if any, of	the cre	ditor or	ther pe	erson	authorized to	LED JAN 1 0 235
01/08/07	file this claim (attach copy of power of attor	rney 1	f any)			٢	LLD 7
01/00/07	AS TO TO	too		ساكس	•		
Penalty for present	ing fraudulent claim Fine of up to \$500 000 or	r Impri	sonment	for no 1	to 5 u	ears or both 1911	USA CMC
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LIPRIED STATES PARKEUPTCK COURT	PRO	OOF OF CLAIM		
DISTRICT OF NEVADA				
Name of Debtor	Case Nu	ımber		
USA Commercial Mortgage	06	5-10725-LBR		
Company		7 TO 725 ELSIC		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expe	ense	Check box if you are		
arising after the commencement of the case. A request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503		aware that anyone else has filed a proof of claim relating to		
Name of Creditor and Address		your claim Attach copy of statement giving particulars		
Richard Small&Jacqueline Small		Check box if you have		
Trustees of the Small Family Trust		never received any notices from the bankruptcy court or	DO NOT EILE TH	IIS PROOF OF CLAIM FOR A
Richard Small		BMC Group in this case		REST IN A BORROWER THAT IS NO
4801 Calle Santa Cruze	· I	Check box if this address differs from the address on the	If you have alr	eady filed a proof of claim with the
Prescott Valley Az 86314 Creditor Telephone Number ( ) Tel #928 759 906	57	envelope sent to you by the court		or BMC you do not need to file again
Last four digits of account or other number by which creditor identifies d		Check bare replac	ces	
		Check here lifthis claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages	salaries and compensation (	fill out below)	Other claims against service
Services performed Taxes  Money loaned Other (describe briefly)		digits of your SS#		(not for loan balances)
See Exhibit A	Unpaid o	compensation for services pe	погтеа тгот	(date) to (date)
2 DATE DEBT WAS INCURRED // /8 02	3 IF C	OURT JUDGMENT, DATE O	BTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best descri	•	unt of the claim at t	the time case filed
UNSECURED NONPRIORITY CLAIM \$ Line 4 of EXA		SECURED CLAIM  Check this hox if w	nur claim is secui	red by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it or if c) none or only part of you		а пght of setoff)	, a	To any constant (mondaming
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of		_
Check this box if you have an unsecured claim all or part of which is		Real Estate		4
entitled to priority  Amount entitled to priority \$		Value of Collateral	\$ UB	Known
Specify the priority of the claim		secured claim if any	s S	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward		
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	Г	services for personal family of Taxes or penalties owed to go		• ,,,,
business whichever is earlier 11 U.S.C. § 507(a)(4)	Ė	Other - Specify applicable pan		• • • • • • • • • • • • • • • • • • • •
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		* Amounts are subject to adjust with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$ 3.51, \$6.7.00\$	3	51, 567.50		\$ 351, 567.00
(unsecured)		secured)	( prionty)	(Total)
Check this box if claim includes interest or other charges in addition to the	e principal	amount of the claim Attach ite	mized statement o	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u>				
running accounts contracts court judgments mortgages security a	greement	s and evidence of perfection	of lien DO NO	T SEND ORIGINAL
DOCUMENTS If the documents are not available explain If the do  8 DATE-STAMPED COPY To receive an acknowledgment of the			•	i envelope and copy of this
proof of claim		•		
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm,				THIS SPACE FOR COURT USE ONLY
for each person or entity (including individuals, partnerships, cogovernmental units)	orporatio	ns, joint ventures, trusts ar	nd	
BY MAIL TO	BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO up		2007
		ACM Claims Docketing Cente t Franklin Avenue	FILED JA	1 0 2007
El Segundo CA 90245-0911	El Segun	do CA 90245		
this claim (attach copy of power of attorn		outer person authorized to file		USA OMO
1-8-07 Feehan	ر کھند	mall		
Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment	at for up to	5 years or both 18 II S C &&	152 AND 2571	1072501955

UNITED STATES BANKRUPTCY COURTS 8061	PRO	ored 05/14/10 16:2 OF OF CLAIM	YOUR CLAIM IS SCHEDULED AS				
Name of Debtor	Case Nun	nher	Schedule/Claim ID s31609				
	ł		Amount/Classification				
USA Commercial Mortgage Company	06-1072	29-LBH	\$1 359 49 Unsecured				
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503  Name of Creditor and Address	of an	Check box if you are aware that anyone else has filled a proof of claim relating to your claim. Attach copy of statement giving particulars	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If				
HERBERT SONNENKLAR & NORMA R SONNENKLAR 2501 POINCIANA DR WESTON FL 33327 1415	003274	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the court	you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below.  If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed  If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again				
Creditor Telephone Number ( )			THIS SPACE IS FOR COURT USE ONLY				
Last four digits of account or other number by which creditor identifies	debtor	Check here replace or amer	a provincially filed alores dated				
1 BASIS FOR CLAIM  ☐ Goods sold ☐ Personal injury/wrongful death ☐ Services performed ☐ Taxes ☐ Windows Ioaned ☐ Other (describe briefly)	Wages, sa Last four o	enefits as defined in 11 U S alaries, and compensation ( digits of your SS # empensation for services pe	(fill out below) Other claims against servicer (not for loan balances)				
2 DATE DEBT WAS INCURRED SUFER MATION ATTCH	ad 3 IF CO	URT JUDGMENT, DATE C					
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM \$  Check this box if a) there is no collateral or lien securing your claim or b) you exceeds the value of the property securing it or if c) none or only part of you entitled to priority  UNSECURED PRIORITY CLAIM	t best describe our claim	e your claim and state the amou	nt of the claim at the time case filed  our claim is secured by collateral (including  collateral				
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral					
Amount entitled to priority \$  Specify the priority of the claim			nd other charges at time case filed included in				
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward	ard purchase lease or rental of property or				
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		services for personal family of Taxes or penalties owed to go	r household use 11 U S C § 507(a)(7) vernmental units 11 U S C § 507(a)(8)				
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjus	agraph of 11 U S C § 507(a) ( ) stment on 4/1/07 and every 3 years thereafter ced on or after the date of adjustment				
5 TOTAL AMOUNT OF CLAIM \$ \$	120,78	9.00 + \$ Int	erest \$				
(unsecured)  Check this box if claim includes interest or other charges in addition to the	٠.	cured) mount of the claim Attach ite	(pnonty) (Total) mized statement of all interest or additional charges				
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts, contracts court judgments mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim							
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245 0911	n, prevailing corporation BY HAND O BMC Group Attn USAC 1330 East	g Pacific time, on Novemb ns, joint ventures, trusts a PR OVERNIGHT DELIVERY TO	per 13, 2006 USE ONLY and FILED OCT 1 0 2006				
DATE  SIGN and print the name and title if any of the this claim (attach copy of power of attorn  Tomal January las	e creditor or of		USA CMC				

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 USC §§ 152 AND 3571

Doc 8061-3 Entered 05/14/10 16:26:32 Page 10 of 11 FORM B10 (Official Form 601 (10205) GWZ UNITED STATES BANKRUPTCY COURT DISTRICT OF <u>NEVADA</u> PROOF OF CLAIM Name of Debtor Case Number USA COMMERCIAL MORTGAGE Co. 06-10725 NOTE. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503 Name of Creditor (The person or other entity to whom the ☐ Check box if you are aware that anyone dublor owes maney or property) LouisE cise has filed a proof of claim relating to your claim Attach copy of statement TEETER IRA ROLLOVER giving particulars ☐ Check box if you have never received any notices from the bankruptcy court in this ROBERT C. LEPOME 10/20 S. EASTERN # 200 ☐ Check box if the address differs from the HENDERSON, NV 89052 address on the envelope sent to you by THIS SPACE IS FOR COURT USE ONLY Telephone number (702) 492-127/ the court. Last four digits of account or other number by which creditor Check here replaces identifies debtor if this claim 
amends a previously filed claim dated 1 Basis for Claim GENERAL UNSECURED I Retiree benefits as defined in 11 USC § 1114(a) Wages, salaries, and compensation (fill out below) Goods sold Last four digits of your SS# Services performed Unpaid compensation for services performed Money loaned Personal injury/wrongful death from (date) (date) NEGLICENCE & FRAUD 汿 Other -JAN 1,2005 If court judgment, date obtained Date debt was incurred APRIL 12, 2006 4 Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations Secured Claim Unsecured Nonpriority Claim \$ 197. Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim or a right of setoff) b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority Brief Description of Collateral ☐ Real Estate ☐ Motor Vehicle Other Unsecured Priority Claim Value of Collateral \$\_ Check this box if you have an unsecured claim all or part of which is entitled to priority Amount of arrearage and other charges at time case filed included in secured claim, if any \$\_ Amount entitled to priority \$\_\_ Specify the priority of the claim Up to \$2,225\* of deposits toward purchase, lease, or rental of property or services for personal family or household use - 11 U S C. ☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or § 507(a)(7) (a)(1)(B)☐ Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8) ☐ Wages, salanes, or commissions (up to \$10 000) \* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) ☐ Other - Specify applicable paragraph of II U S C § 507(a)(\_ \*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment ☐ Contributions to an employee benefit plan 11 USC. § 507(a)(5) 197.814 814 5 Total Amount of Claim at Time Case Filed (unsecured) (secured) (Total) (priority) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. Credits The amount of all payments on this claim has been credited and deducted for the purpose of THE SPACE IS HOR COURT USIN ONLY making this proof of claim 7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous, attach a summary 8. Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, selFILFD DEC 0 8 2006 addressed envelope and copy of this proof of claim Date Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) BAR#1980

Penulty for presenting froudulent claim. Fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U.S.

USA CMC

## FORM B10 (Official Form 10) (10/05)

The state of the s				
United States Bankruptcy Court	Dis	TRKT (	OF Nevada	PROOF OF CLAIM
Name of Dubtor		Number		
USA Commercial Mortcace Con	n	06 -	10725-LB1	91
NOTE This form should not be used to make a claim for an admini	strative exp	ense arıs	ing after the commencement	
of the case. A request for payment of an administrative expense mu	ay be filed	pursuant	to 11 USC. \$ 503	1
Name of Creditor (The person or other entity to whom the	Cha	ak boz -4	way are sure that saves	
dubtor owes more v or property)			you are aware that anyone is a proof of claim relating to	
Tarny R. Helms Living Trust	you	claım /	Attach copy of statement	
dated 11/11/94	i [77]	ng partici		
Nam			you have never received an the bankruptcy court in this	
Terry Helms 809 (Ipland Blvd	case		the bankrupicy court in this	<b>'                                    </b>
Las Vegas, NV 89107 3719			the address differs from the	
Telephone number 702 - 258 1044		ess on th court.	e envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor		ck here	replaces	
identifies debtor	ıf th	ıs claım	amends a previously f	iled claim dated
1 Basis for Claim		R	etiree benefits as defined in	11 USC § 1114(a)
Goods sold		H w	lages salaries and compen	sation (fill out below)
Services performed			ast four digits of your SS #	
Money loaned Personal injury/wrongful death			inpaid compensation for se	rvices performed
Taxes See Exhibit A		fr	om	_ to
U Other See ExhibiT			(date)	(date)
2. Date debt was incurred	3.	If cou	rt judgment, date obtain	ed
4 Classification of Claim. Check the appropriate box or boxes the	hat best des	cribe you	ur claim and state the amoun	nt of the claim at the time case filed
See reverse side for important explanations		_	ped Claum	
Unsecured Nonpriority Claim \$5.577.877.40		I TO	Charlether have for a select	
Check this box if a) there is no collateral or lien securing you	ur claım, or	a righ	t of setoff)	n is secured by collateral (including
b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority	none or	1	Brief Description of Collate	1
Unsecured Priority Claim	······································	1	<b>_</b> / ·	r Vehicle Other
(n		) '		nknown
Check this box if you have an unsecured claim ail or part of tentitled to priority	which is	A		arges at time case filed included in
Amount entitled to priority \$		SECUM	ed claim if any \$ 82,	arges at time case they included in
	_	L		
Specify the priority of the claim	L	Up to \$	2,225* of deposits toward p	burchase lease or rental of property
Domestic support obligations under 11 U S C § 507(a)(1)(A) (a)(1)(B)	or	§ 507(a		
1 -		Taxes o	r penalties owed to governin	nental units - 11 USC § 507(a)(8)
Wages salaries, or commissions (up to \$10 000),* earned with days before filing of the bankruptcy petition or cessation of the deb business whichever is earlier 11 U S C § 507(a)(4)	tor s	Other -	Specify applicable paragrap	oh of 11 USC § 507(a)()
	, ı,			4/1/07 and every 3 years thereafter
Contributions to an employee benefit plan 11 USC § 507(a	a)(5)	with res	spect to cases commenced of	n or after the date of adjustment.
5 Total Amount of Claim at Time Case Filed		5,877	877,405577877.4	557787740
Check this box if claim includes interest or other charges in ad	ldition to #	(unsecu	(secured)	(neority) (Total)
interest or additional charges.		e princis	an announce of the claim. All	ach demized statement of all
6. Credits The amount of all payments on this claim has been	n credited a	nd dedu	cted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim				OTHER BOTH COUNT ON ONLY
7 Supporting Documents Attach copies of supporting docum	nents, such	as promi	issory notes purchase	
orders invoices itemized statements of running accounts contr	acts, court	judgmer		=
agreements and evidence of perfection of lien DO NOT SEM documents are not available explain. If the documents are volu	ND ORIGI	NAL DO	CUMENTS If the	<b>LED JAN 1 2 2007</b>
8. Date-Stamped Copy To receive an acknowledgment of the fi				ILLU UNIT - II
addressed envelope and copy of this proof of claim	ming of Aor	ıı Cı <b>a</b> lm,	chclose a stamped, self-	
Date Sign and print the name and title, if any, of	the credito	r or othe	r person authorized to	
power of atto	mey, if any	/) <sub>*</sub> /		
	USS	-		USA CMC
1 KryKHelms	Trus	te	-e	<u> </u>